



NATIONAL PROPERTY INSPECTIONS®

America's Premier Inspection Service

Home Inspection Checklist

This is not intended to be a complete or exhaustive list of maintenance or safety items of the type provided with a professional NPI inspection report. It is simply a starting point or possible comparison sheet you can use to help you remember and separate positives and negatives of several properties you may be reviewing. Completion should take under 30 minutes. During a general home inspection, we would review hundreds of components of the property, including mechanical, electrical and ventilation systems, the roof, attic and crawl spaces. We do not recommend that you use any ladders or tools during this inspection for safety reasons. For more information, or to book an inspection, go to www.npi.web.com.

Date: _____

Address: _____

Overall Comments:

Item	A	U	NA	Notes/Questions:
Exterior – North				
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gutters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Downspouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flashings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exterior – East				
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gutters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Downspouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flashings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Acceptable = A

Unacceptable = U

Not Available = NA



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Item	A	U	NA	Notes/Questions:
Exterior – South				
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gutters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Downspouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flashings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exterior – West				
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gutters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Downspouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flashings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Front Porch/Deck				
Handrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Guardrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back Porch/Deck				
Handrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Guardrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Garage				
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interior Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Item	A	U	NA	Notes/Questions:
Garage Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interior				
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HVAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interior foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen				
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Countertops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Laundry Room				
Hookups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bathroom #1				
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shower/Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Item	A	U	NA	Notes/Questions:
Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bathroom #2				
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shower/Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family Room				
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fireplace				
Overall Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom #1				
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Window	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom #2				
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Window	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Item	A	U	NA	Notes/Questions:
Bedroom #3				
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Window	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Misc. Rooms				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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